Disability benefits, equal to pay and allowances, will continue in such instances until final disposition.

(2) There is no limited duty status, per se, for inactive reservists. However, if the attending physician determines that a reservist is temporarily unfit for full duty, but will be fit for full duty following a period of convalescence or following duty with physical limitations, not to exceed 6 months, the physician may return the reservist to duty with a summary of the hospitalization or treatment. The summary will set forth the limitations posed by the member's disability and the period of such limitations. Followup hospitalization, treatment, and evaluation for the same condition may be provided at USMTFs during the period of restricted duty, if required. If, during the period of the restricted duty, it appears that the reservist will be *permanently* unfit for full duty, promptly authorize the reservist to report for evaluation, treatment if required, and appearance before a medical board at the nearest naval MTF capable of accomplishing same. Admission to the sicklist is authorized, when required. Should the medical board recommend appearance before a physical evaluation board, disability benefits equal to pay and allowances should continue until final disposition is effected.

§ 728.102 Care from other than Federal sources.

The provisions of this subpart do not authorize care for reservists at other than Federal facilities nor out of funds available for operation of USMTFs (supplemental care) after a period of active duty or a period of training duty ends, including travel to and from such training. Such care may be rendered under the provisions of part 732 of this chapter.

Subpart J—Initiating Collection Action on Pay Patients

§ 728.111 General.

The Comptroller of the Navy has approved a system of transactions that generates reports to COMNAV MEDCOM on unfunded reimbursable transactions. The purpose of the final report is to provide data on services furnished by naval health care facilities for which central collection from other Government agencies and private parties is required.

§ 728.112 Responsibilities.

(a) *Patient administration departments.* The initiation of the collection process begins with patient administration departments. Collection action cannot be accomplished unless patient administration departments take the initial step to complete:

(1) *DD 7, Report of Treatment Furnished Pay Patients, Hospitalization Furnished (part A).* Prepare a separate substantiating DD 7, in triplicate, for each category of pay patient receiving inpatient care. At the end of each day that any pay patient is admitted, submit DD 7's to the collection agent.

(2) *DD 7A, Report of Treatment Furnished Pay Patients, Outpatient Treatment Furnished (part B).* Prepare a separate substantiating DD 7A, in triplicate, for each category of pay patient receiving outpatient care. At the end of each day that any pay patient is treated on an outpatient basis, submit DD 7A's to the collection agent.

(b) *Collection agents.* Upon receipt of a completed DD 7 or DD 7A, collection agents will take the action indicated in paragraph 24304 of the Resource Management Handbook, NAVMED P–5020, to effect central collection action.

§ 728.113 Categories of pay patients.

The categories of patients for whom collection action must be initiated are:

(a) *Coast Guard.* (1) Active Officers; (2) Retired Officers; (3) Active Enlisted; (4) Retired Enlisted; (5) Dependents; (6) Cadets.

(b) *Public Health Service.* (1) Active Officers; (2) Retired Officers; (3) Dependents of Officers.

(c) *National Oceanic and Atmospheric Administration (NOAA).* (1) Active Officers; (2) Retired Officers; (3) Dependents of Officers.

(d) *Foreign.* (1) NATO Officers (Except Canadians provided care under the comparable care agreement.); (2) NATO Enlisted (Except Canadians provided care under the comparable care agreement.); (3) NATO Dependents; (4) Civilians Accompanying NATO Members; (5) Foreign Military Sales (FMS) Officers;